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Weekly



Bulletin

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April 28, 1928

GUY P. JONES

Sacramento Lowers Infant Mortality Rate.

Incomplete returns from the city of Sacramento indicate an infant mortality rate of 55.7 for the year 1927. This means that the infant mortality rate for the Capital City has been reduced one-third since 1920, when the rate was 83.6. No city in California has made correspondingly greater reductions in the saving of infant lives. Compilation of the infant mortality rate for the State of California for 1927 is incomplete but indications are that it will be about 62.0. The average infant mortality rate for American cities is about 72.

For many years Pacific coast cities have enjoyed the lowest infant mortality rates among cities of the United States. Portland, Seattle, San Francisco, Berkeley, Pasadena, Richmond, San Diego, Long Beach, Vallejo, Santa Cruz and other coast cities have made low records during recent years. Following are the infant mortality rates for certain California cities in 1926, as compiled by the American Child Health Association:

Berkeley, 37; Pasadena, 36; San Francisco, 50; Los Angeles, 60; Oakland, 63; San Diego, 46; Long Beach, 46; San Jose, 57; Fresno, 58; Vallejo, 40; Glendale, 48; Santa Monica, 61; Richmond, 54; Santa Cruz, 54; Sacramento, 58.

The following table taken from the annual report of the Sacramento City

Health Department, of which Dr. W. W. Cress is health officer, shows the remarkable increases in attendance at clinics as well as the reductions in the Sacramento infant death rate, by years, since 1920:

Year		Infant eath rate	Clinic and conference attendance		
1920		83.6			
1921		73.1	1,399		
1922		66.7	2,827		
1923		66.2	2,879		
1924		69.7	4,464		
1925		76.4	5,747		
1926	A Available to the control of the co	57.6	6,493		
1927	(incom. ret.)	55.7	7.713		

Dr. Cress states concerning infant welfare work in Sacramento:

"Indicative of the changing trend of thought from alleviation to prevention is the fact that in 1927, of the 815 new cases registered under one year, 562 were on breast feeding. Early reports show a ratio of 4 artificially fed to one breast fed on entrance. Each year has shown an increase of one and a decrease of the other until we have achieved the most sought-for thing in the whole field of child health, namely, the early supervision of the nursing infant.

Children are examined at two 2-hour clinics weekly. The average examinations per hour are 9.8, or approximately 6 minutes per child. This examination service would have to be much greater

were not all return cases that are progressing referred to the nurse conference service.

There was an average of 15.1 home calls per day during the year, 832 hours of clinic service was given, gratis, during the year, by young women trained in clinic technique. Some of those have served continuously for five years."

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The Health of The Business Man.

The United States Chamber of Commerce has recently issued a series of bulletins upon community and personal health with particular reference to the health of the business man. One of these bulletins states that the ability of a man to work depends in a large measure upon his health. Whatever reduces his earning capacity in any way reduces the assets of the community. Any decrease in earning power is naturally reflected in reduced purchasing power, with the result that every case of illness or premature death involving a loss of wages has an effect upon the community. According to an eminent statistician the average workman loses seven days a year due to sickness, a loss of 12 per cent of his earning capacity. This amounts in the aggregate to at least two billion dollars for the entire country. Community prosperity and community health, in a general way, are dependent on the health of its citizens as individuals. Just as the illness and health of the community as a whole may be conserved by periodic public health appraisal, so may the business heads of the community be the leaders in this movement by taking means to conserve their own health and thus aid in educating the rest.

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Dr. Kelly is Now Berkeley Health Officer

Dr. Frank L. Kelly, on April first, relinquished his position as city health officer of Oakland in order to take over the duties of city health officer of Berkeley, replacing Dr. James R. Scott who returned to his former post as health officer of a New Mexico county. Dr Kelly's place in Oakland is now held by Dr. C. R. Fancher. Dr. Kelly continues as Assistant Professor of Public Health Administration in the Department of Hygiene of the University of California.

MAKE THE CHILD'S BILL OF RIGHTS A WORKING PLAT. FORM IN EVERY COMMUNITY.

BETTER CHILDREN FOR OUR NATION; A
BETTER NATION FOR OUR CHILDREN

The Child's Bill of Rights.

The ideal to which we should strive is that there shall be no child in America:

That has not been born under proper conditions.

That does not live in hygienic surroundings.

That ever suffers from under nourishment.

That does not have prompt and efficient medical attention and inspection.

That does not receive primary instruction in the elements of hygiene and good health.

That has not the complete birthright of a sound mind in a sound body.

That has not the encouragement to express in fullest measure the spirit within which is the final endowment of every human being.

HERBERT HOOVER.

The Purpose.

The Child's Bill of Rights is a complete guide to every needed activity to round out the life of the child. Let people everywhere help to incorporate these definite aims into the lives of children:

- 1. Preparedness for parenthood: mother-hood, fatherhood, pre-natal care.
- 2. A wholesome home environment: physical, cultural.
- 3. Sound nutrition.
- 4. Physical examination, correction of defects, protection against disease.
- 5. Training in health habits and knowledge: in home, in the school.
- 6. Mental and emotional soundness: through inheritance, through environment.
- 7. Spiritual encouragement: through the home, through the church.

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"Typhoid fever has been forced, through modern sanitation, from its former principal habitat in the cities to a more secure and favored residence in the rural sections; that its chief source of dissemination through unguarded water supplies has shifted to that of unsupervised and unpasteurized milk supplies; that the effectiveness of anti-typhoid fever campaigns must bear an intimate relation to the effectiveness of milk control; that safe milk means effectively pasteurized milk; that when we have universal pasteurization of all milk we will not only record a tremendous drop in the typhoid death and sickness rate, but will also record a further reduction in the death and sickness rate from other malignant diseases to which impure milk is a contributor."—Dr. S. J. Crumbine, Field Secretary of the Conference of State and Provincial Health Authorities of North America and General Executive of the American Child Health Association.

Ventilation Commission Issues a New Report.

In 1923 the New York State Commission on Ventilation made a report of its investigation into the relationship between respiratory illness and the ventilation of schoolrooms. In a study of some 5500 pupils the commission found that the children in a group of mechanically ventilated schoolrooms with an average temperature of 68.3° F. showed 18 per cent more absence due to respiratory disease and 70 per cent more respiratory disease among pupils in attendance than did the pupils of a group of windowventilated gravity exhaust schoolrooms with an average temperature of 66.4° F.

Reorganization of the state government made impossible the continuation of this commission as a state commission but it was reconstituted in 1926, on the invitation of the Milbank Memorial Fund, as the New York Commission on Ventilation. The studies carried on by this commission in 1926-1927 dealt with one- and two-room schools of Cattaraugus County and with the schools of Syracuse (approximately 200,000 population). The findings now presented are not final and the report just issued is to be considered only as a progress report. Many factors not considered in the original report are being studied at the Among these may be present time. mentioned the racial composition of the school populations studied, rate of air change under mechanical ventilation, ages of pupils studied, etc. While the new findings tend to corroborate the original findings and the indication of the superiority of the health effects of natural ventilation seems to be assured, the conservative attitude of the commission is shown in the conclusions of its recent report which follow:

"If our original data had been based on the more reliable foundation of diagnosis of respiratory illness by competent persons, and had our follow-up of absentees been such as to preclude the possibility of falsification of cause of absence, and had the numbers of individuals included in our study been greater, we should be warranted in making the unqualified assertion of what this preliminary study strongly suggests, namely that natural ventilation has some inherent virtue which mechanical ventilation does not possess, or that mechanical ventilation involves some harmful influence from which natural ventilation

The high correlation between respiratory illness absenteeism in the mechani- 24th for week ending April 21st.

cally ventilated schools and precipitation has been shown. For those interested in the mathematical relationship, it should be stated that with the seasonal trend of respiratory illness removed, the correlation ratio for the period February 4 to April 14 is $+0.82 \pm 10$, apparently both reliable and significant, whereas the corresponding figures for the naturally ventilated schools are $+0.35 \pm 0.27$, demonstrating no significant correlation.

It shall be our endeavor through further studies to remove the doubts that cloud the findings of this preliminary study and to demonstrate whether the high rate of air change is the causative agency in the excess of respiratory illness absenteeism in the mechanically

ventilated schools."

Health Worker Martyr to Science.

During the course of the investigations into Rocky Mountain spotted fever made by the Public Health Service, four workers have lost their lives from the disease, contracted in connection with their official duties.

The most recent worker to lose his life from Rocky Mountain spotted fever is A. Leroy Kerlee, who was employed in the Public Health Service laboratory at Hamilton, Montana, as a bacteriologist. He was a recent graduate of the Montana State College, and had been in the service since September, 1927. Those who had previously lost their lives in this work are Dr. T. B. Mc-Clintic, who died in 1921; W. E. Gettinger, a laboratory assistant, who died in 1922; and G. H. Cowan, a field assistant, who died in 1924. The warfare of science against disease has its hazards and A. Leroy Kerlee made the supreme sacrifice on the battlefield of the laboratory.

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Diphtheria.

97 cases of diphtheria have been reported, as follows: Alameda 3, Berkeley 2, Oakland 11, Bakersfield 1, Los Angeles County 8, Glendale 2, Los Angeles 28, Pasadena 1, Torrance 4, West Covina 1, South Gate 1, Fullerton 1, Santa Ana 3, Hemet 1, San Bernardino County 1, Redlands 1, Rialto 1, San Bernardino 5, San Francisco 6, Stockton 1, Santa Barbara 1, Santa Clara County 2, Gilroy 4, Mountain View 1, San Jose 2, Rio Vista 2, Suisun 2, Tulare County 1.

Scarlet Fever.

130 cases of scarlet fever have been reported; as follows: Alameda 1, Berkeley 9, Hayward 1, Oakland 10, Piedmont 1, San

* From reports received on April 23d and

Leandro 1, Fresno County 3, Fresno 7, Los Angeles County 9, Alhambra 2, Compton 2, Glendale 1, Huntington Park 1, Long Beach 3, Los Angeles 28, Monterey Park 1, Modoc County 5, Orange County 1, Brea 1, Riverside County 3, Hemet 1, Sacramento 1, Coronado 1, San Diego 5, San Francisco 21, San Joaquin County 1, Lodi 1, Stockton 2, San Luis Obispo 1, Redwood City 2, San Mateo 2, San Jose 1, Exeter 1.

Measles.

159 cases of measles have been reported, as follows: Berkeley 1, Oakland 6, San Leandro 1, Butte County 1, Fresno County 1, Fresno 3, Reedley 1, Calexico 20, Los Angeles County 9, Alhambra 3, Covina 1, El Monte 1, Long Beach 1, Los Angeles 36, Pomona 1, Lynwood 1, Madera 1, Anaheim 1, Lincoln 7, Sacramento 2, San Bernardino County 2, San Diego County 1, San Diego 4, San Francisco 30, San Joaquin County 10, San Luis Obispo 1, Redwood City 1, Santa Barbara County 1, Santa Barbara 2, Santa Clara County 5, San Jose 1, Tuolumne County 1, Sonora 1, Yolo County 1.

Smallpox.

20 cases of smallpox have been reported, as follows: Oakland 4, San Leandro 1, Colusa County 10, Lassen County 3, Long Beach 1, Yolo County 1.

Typhoid Fever.

5 cases of typhoid fever have been reported, as follows: Glendale 1, Long Beach 1, Los Angeles 1, San Francisco 1, Watsonville 1.

Whooping Cough.

283 cases of whooping cough have been reported, as follows: Berkeley 6, Oakland 3, Fresno County 4, Fresno 2, Bakersfield 5, Kings County 2, Los Angeles County 26, Beverly Hills 1, Compton 5, El Segundo 4, Hermosa 2, Inglewood 4, Long Beach 9, Los Angeles 45, Pasadena 5, South Gate 5, Monterey County 1, Napa County 3, Orange County 4, Anaheim 5, Huntington Beach 2, Orange 7, Santa Ana 15, La Habra 4, Tustin 1, Riverside 1, Sacramento 1, San Bernardino County 1, Redlands 16, San Bernardino 1, San Diego County 3, Chula Vista 2, San Diego 31, San Francisco 21, San Joaquin County 8, Stockton 8, Santa Barbara County 1, Gilroy 1, Los Gatos 3, Palo Alto 1, San Jose 1, Tuolumne County 3, Ventura County 6, Santa Paula 4.

Meningitis (Epidemic).

5 cases of epidemic meningitis have been reported, as follows: Butte County 1, Lassen County 1, Los Angeles 3.

Poliomyelitis.

Berkeley reported one case of poliomyelitis.

Encephalitis (Epidemic).

2 cases of epidemic encephalitis have been reported, as follows: Oakland 1, Los Angeles 1.

Food Poisoning.

Los Angeles County reported 4 cases of food poisoning.

COMMUNICABLE DISEASE REPORTS.

	1928			1927				
Disease	Week ending			Reports for week ending	Week ending			Reports for week ending
	Mar. 31	April 7	April 14	April 21 received by April 24	April 2	April 9	April 16	April 23 received by April 26
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	- 0	0	0	470
Chickenpox	792 94	440 94	740	623 97	627 164	624 116	428 100	478 135
Diphtheria Dysentery (Bacillary)	1	0	0	11	104	0	100	100
Encephalitis (Epidemic)	î	ĭ	0	2	2	3	3	4
Food Poisoning	5	ī	i	4	2 0	0	0	3
German Measles	529	334	389	331	61	65	70	80
Gonococcus Infection	87	98	87	102	116	82	81	103
Influenza	32	25	53	36	116	62	18	38
Jaundice (Epidemic)	1	0	0	0	0	0	0	0
Leprosy	0 2	0	0	0	1	0	0 2	1
Malaria	210	126	127	0 159	3332	3413	2616	2619
Meningitis (Epidemic)	4	140	127	5	9	9	6	10
Mumps	366	277	421	311	365	318	233	185
Paratyphoid Fever	0	Ö	0	1	0	0	1	0
Pneumonia (Lobar)	92	65	60	42	113	63	49	52
Poliomyelitis	3 8	4	7	1	3	2	1	3
Rabies (Animal)	8	18	20	12	7	7	13	7
Rocky Mt. Spotted Fever	0	1	0	120	0	0	105	180
Scarlet Fever	158 17	121 25	121 22	130 20	232 32	233	195 28	36
Smallpox Syphilis	151	149	115	110	170	162	85	92
Tetanus	101	140	2	3	1	- õ	1	1
Trachoma	3	3	6	2	2	3	0	1
Trichinosis	0	3	0	0	0	0	1	14
Tuberculosis	249	277	230	172	209	217	186	184
Typhoid Fever	8	4	4	5	13	6	11	18
Typhus Fever	0	0	0	0	0	100	120	195
Whooping Cough	240	191	310	283	203	196	130	193
Totals	3053	2262	2799	2462	5780	5624	4348	4441